



CANNON BUILDING  
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STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
EXAMINING BOARD OF PHYSICAL THERAPISTS AND ATHLETIC TRAINERS

TELEPHONE: (302) 744-4500  
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## STATEMENT OF SUPERVISING PHYSICAL THERAPIST OR ATHLETIC TRAINER

### INSTRUCTIONS

If an applicant for Physical Therapist, Physical Therapist Assistant or Athletic Trainer licensure meets specific requirements, the Delaware Board may issue a Temporary license to the applicant awaiting his or her permanent license. While practicing under a Temporary license, the applicant must be under **direct supervision**.

This form is required before the Board office can issue a Temporary license. The Delaware-licensed physical therapist (PT) or athletic trainer (AT) who will supervise the applicant completes, signs and submits the form *directly* to the Board office. The form's purpose is to document that the applicant has a supervising PT/AT and that the supervisor understands his or her responsibility. If the applicant has more than one supervising PT and/or AT, **each** supervisor must submit one of these forms.

The supervisor is responsible for the actions of the applicant under his/ her supervision and must document all supervision.

**Direct supervision** in connection with a PT or AT practicing under a temporary license means:

- A licensed PT or AT supervisor must be on the premises when the person with a temporary license is practicing.
- The supervisor must sign all evaluations and progress notes written by the person with a temporary license.

**Direct supervision** in relation to a PTA who has less than one year experience means a PT must be on the premises at all times and see each patient.

To read the complete rules on supervision, see Section 1.2 of the Board's [Rules and Regulations](#).

**Applicants are *not* allowed to begin practicing until the temporary license is issued. To look up the status of the temporary license online, go to [www.dpr.delaware.gov](http://www.dpr.delaware.gov) and click [Verify License Online](#).**

### APPLICANT INFORMATION

1. Applicant Name on Application: \_\_\_\_\_  
Last/Family First Middle

2. Check type of license applied for: PT ☐ PTA ☐ AT ☐

### SUPERVISOR INFORMATION

3. Supervisor's Name on License: \_\_\_\_\_  
Last/Family First Middle

4. Delaware License Number: J\_\_\_\_\_ - \_\_\_\_\_

5. Address Where Supervision Will Occur: \_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Street City **DE** Zip

I certify that I understand my responsibility to supervise the applicant named above and that I will do so in accordance with the rules above. I agree to promptly report to the Board office, in writing, if I cease to be the applicant's supervisor. I understand that the temporary license will expire **immediately** if the applicant fails the licensure examination.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_